

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10663

FILED APR 1 1940  
Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Exelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 417 South St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether)  
In this community 6 or 5 years  
years, months or days

3. (a) PRINT FULL NAME ROBERT C. ORR

8. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sarah Orr 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased Aug 29 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 6 23 hr. min.

9. Birthplace Wheeling W. Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Veteran

11. Industry or business

12. Name Nicholas Orr  
13. Birthplace Exelsior Springs (City, town, or county) (State or foreign country)  
14. Maiden name Dean Underwood  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Gerda Eva Dieter  
(b) Address 417 South Ex. Spgs. Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
buried March 23 1940

(c) Place: burial or cremation buried

18. (a) Signature of funeral director Herbert Hooper

(b) Address Exelsior Springs

19. (a) March 24 1940 (Data received local registrar) (b) W. D. Craven (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Exelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 417 South St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1940 to March 22 1940  
that I last saw him alive on March 22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death cardio-vascular occlusion  
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) arteriosclerosis  
Due to arteriosclerosis

Major findings: Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While/at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. D. Craven (M. D. or other) March 23 1940  
Address Exelsior Springs Date signed

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4-3-40

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Scott W. Hochensmuth

Licensed Embalmer No.....

P. O. Address Excelsior Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.